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AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

JAN 08 2007

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREKevin D. Dixon SA
Plaintiff

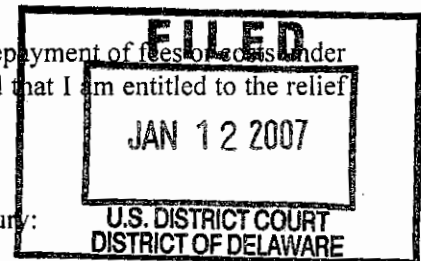
V.

STATE OF Delaware
Defendant(s)APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 07-26

I, Kevin D. Dixon SA declare that I am the (check appropriate box)
• • Petitioner Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 60154239Are you employed at the institution? NO Do you receive any payment from the institution? _____Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	• • <u>No</u>
b. Rent payments, interest or dividends	• • Yes	• • <u>No</u>
c. Pensions, annuities or life insurance payments	• • Yes	• • <u>No</u>
d. Disability or workers compensation payments	• • Yes	• • <u>No</u>
e. Gifts or inheritances	• • Yes	• • <u>No</u>
f. Any other sources	• • Yes	• • <u>No</u>

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
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4. Do you have any cash or checking or savings accounts?

• • Yes

• No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

12-23-06
DATE

Kevin D. Dwyer Jr.
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit: (264.11)

I further certify that during the past six months the applicant's average monthly balance was \$ 0

and the average monthly deposits were \$ 0

10/28/06
Date

Steve Khan
Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

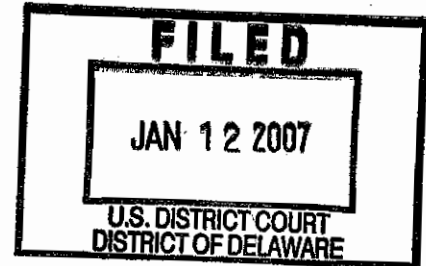
- 07 - 26 - -

TO: Kevin Dixon SBI#: 154239

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: January 8, 2007



Attached are copies of your inmate account statement for the months of July 1, 2006 to December 31, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>July</u>	<u>\$</u>
<u>Aug</u>	<u>\$</u>
<u>Sept</u>	<u>\$</u>
<u>Oct</u>	<u>\$</u>
<u>Nov</u>	<u>\$</u>
<u>Dec</u>	<u>\$</u>

Average daily balances/6 months: \$

Attachments

CC: File

Stacy Shane
1/8/07

Carolanne
1/8/07

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Individual Statement

Date Printed: 1/8/2007

For Month of July 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00154239	Dixon	Kevin				
Current Location:	23	Comments: QOL4				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	7/13/2006	\$0.00	\$0.00	(\$3.81)	\$0.00	291454		INDIGENT 7/6/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$64.11)

Individual Statement

Date Printed: 1/8/2007

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For Month of August 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00154239	Dixon	Kevin				
Current Location:	23	Comments: QOL4				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	8/9/2006	\$0.00	\$0.00	(\$2.21)	\$0.00	303840		INDIGENT 8/2/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$64.11)

Individual Statement

Date Printed: 1/8/2007

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For Month of September 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00154239	Dixon	Kevin				
Current Location:	23	Comments: QOL4				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	9/21/2006	\$0.00	\$0.00		\$0.00	323233		INDIGENT 9/7/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: (\$64.11)**

Individual Statement

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Date Printed: 1/8/2007

For Month of October 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00			
00154239	Dixon	Kevin							
Current Location:	23	Comments: QOL4							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Clk #	PayTo	SourceName
Supplies-MailP	10/13/2006	\$0.00	\$0.00	(\$2.36)	\$0.00	332113		INDIGENT 10/5/06	
Ending Mth Balance:					\$0.00				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$64.11)

Individual Statement

Date Printed: 1/8/2007

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For Month of November 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00
00154239	Dixon	Kevin				
Current Location:	23	Comments: QOL4				

		Deposit or Withdrawal		Non-Medical Hold		MO # or Ck #			
Trans Type	Date	Amount	Medical Hold		Balance	Trans #		PayTo	SourceName
Supplies-MailP	11/15/2006	\$0.00	\$0.00		\$0.00	346799		INDIGENT 11/2/06	
Supplies-MailP	11/17/2006	\$0.00	\$0.00		\$0.00	348055		11/09/06	
Supplies-MailP	11/17/2006	\$0.00	\$0.00		\$0.00	348056		11/09/06	
					Ending Mth Balance:	\$0.00			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$64.11)

Individual Statement

Date Printed: 1/8/2007

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For Month of December 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.00								
00154239	Dixon	Kevin												
Current Location: 23		Comments: QOL4												
							Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Supplies-MailP	12/13/2006	\$0.00	\$0.00	(\$0.39)	\$0.00	359035		12/09/06						
Supplies-MailP	12/22/2006	\$0.00	\$0.00	(\$3.86)	\$0.00	363007		INDIGENT 12/8/06						
							Ending Mth Balance:							
							\$0.00							

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$64.11)